

IN THE U.S. PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATT. DOCKET NO.
12227/2

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **CONTAINER WITH MULTIPLE CONFIGURATIONS**, the specification of which was filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:
Andrew L. Reibman (Reg. No. 47,893)

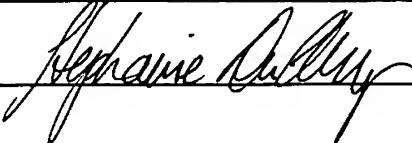
SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

KENYON & KENYON
One Broadway
New York, NY 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)



26646
PATENT TRADEMARK OFFICE

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME DUBSKY	FIRST GIVEN NAME Stephanie	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY NEW YORK	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 162 E. 90th ST. APT. 5R	CITY NEW YORK	STATE & ZIP CODE/COUNTRY NEW YORK, 10128
Signature 		Date 02/07/02	

10071404-020302